

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N00767 (6)**

1. Corporation Name

**APOSTOLIC CHRISTIAN CHURCH OF NORTH FORT MYERS,
INCORPORATED**

Principal Place of Business

Mailing Address

**2801 RUSTIC LANE
NORTH FT MYERS FL 33903**

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NORTH FT MYERS FL 33903**



3. Date incorporated or Qualified

01/06/1984

3a. Date of Last Report

04/07/1995

4. FEI Number

59-2635467

Applied For

☐ Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes

☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**KLOPFENSTEIN, DARRELL
1021 NW 83 TERRACE
PLANTATION FL 33322**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☐ DELETE
NAME **KELLER, ARTHUR**
STREET ADDRESS **711 TAPLOW**
CITY - ST - ZIP **SOUTH VENICE FL 33595**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

TITLE **D** ☒ DELETE
NAME **STEFFEN, MARVIN**
STREET ADDRESS **280 17TH STREET N.W.**
CITY - ST - ZIP **NAPLES FL 33964**

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME **D IVAN STOLLER**
2.3 STREET ADDRESS **14894 AMERICAN EAGLE CT.**
2.4 CITY - ST - ZIP **FT. MYERS, FL. 33912**

TITLE **D** ☒ DELETE
NAME **YERGLER, RON**
STREET ADDRESS **P.O. BOX 5248 N/A**
CITY - ST - ZIP **ENGLEWOOD FL 33224-1428**

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME **D ROBERT BAUM**
3.3 STREET ADDRESS **7762 GARDNER DR. #261**
3.4 CITY - ST - ZIP **NAPLES, FL. 33942**

TITLE **C** ☐ DELETE
NAME **KLOPFENSTEIN, DARRELL**
STREET ADDRESS **1021 NW 83 TERRACE**
CITY - ST - ZIP **PLANTATION FL 33322**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

TITLE **T** ☐ DELETE
NAME **STOLLER, IVAN**
STREET ADDRESS **14894 AMERICAN EAGLE CT**
CITY - ST - ZIP **FT MYERS FL**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

TITLE **S** ☐ DELETE
NAME **BEER, DOROTHY**
STREET ADDRESS **823 FT. THOMSON**
CITY - ST - ZIP **LABELLE FL**

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE: *Ivan Stoller* **IVAN STOLLER** 7/8/96 941-597-7555
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (3/96)